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USDA - FOOD STAMP APPLICATION FOR STORES

Form Approved OMB No. 0584-0008

Date Authorized FOR FNS USE ONLY Authorization MM DD YYYY Authorization Number County Code A/B Initials
The purpose of the Food Stamp Program is to promote nutrition and health among low-income people. The USDA seeks to operate the Food Stamp Program through retail grocery stores that consistently stock a variety of staple foods in each of the four food groups or who do 50% or more of their gross sales in staple foods. Please answer each of the following items completely and accurately so we may determine your store's eligibility to accept food stamp benefits. THIS IS A COMPUTER SCANNABLE FORM. Print your responses in the boxes and/or blacken in the appropriate circle. Please use black ink - fine felt tip recommended. Do not use pencil or colored ink. It is recommended that characters be typed or printed block style
Capital letters without touching the sides of the boxes. SEE EXAMPLE BELOW: ARTISMARKET 0123456789 Shade circles like this: Not like this:
BASIC STORE INFORMATION
1. Store Name
2. Store Location Address (Do Not Use Post Office Box)
Street Number Street Name
City State Zip Code
City State Zip Code
County
3. Store Mailing Address (Do Not Complete if the Same as Item #2 Above) Street Number Street Name (Or Post Office Box)
Street Number Street Name (Or Post Office Box)
City State Zip Code
4. Telephone Number Fax Number (If applicable)
E-Mail address (If applicable)
5. Shade the box that best describes your store:
○ Supermarket ○ Delivery Route ○ Drug Store
○ Grocery Store
○ Convenience Store ○ Other (describe):
6. Federal Employer Identification Number (EIN): (If applicable) Draft
Page 1 of 5



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10. Enter name and address of parer Name	nt corporation or franch	nise (If applicable):	
Street Number Street N	ame (or Post Office Bo	x)	
City		State Zip Code	
Telephone Number		Fax Number (If applicable	
		()	- [
E-Mail address: (If applicable)			
11. When did or when will the somership?	store open for business	s under this	//
12. a. Will this store be open year		○ No MN	I DD YYYY
b. If no, shade all months you		O. O. O.	
◯ Jan ◯ Feb ◯ Mar	r Apr May	○ Jun ○ Jul ○ Aug	○ Sept ○ Oct ○ Nov ○ De
c. Will this store be open 7 da	-	○ No (If yes, skip to item #	(13)
d. Print your store hours and	•		
Mon - Fri	То	Sat	To
Sun	То		
Other Days:	То	Days:	
Shade Days Closed:	un O Mon O Tue	○ Wed ○ Thu ○ Fri	○ Sat
ELIGIBILITY INFORMATIO	N		
13. Estimate your annual RET/		, , ,	,
14. a. Do you sell all the items lis		○ No	cents
-	(if yes, skip t	• • •	e item #14b)
b. Shade the following items Bread/Cereal <u>Da</u>	your store stocks and s iry Products	sells: <u>Fruits/Vegetables</u>	Meat/Poultry/Fish
	Milk	○ Fresh Fruits/	○ Beef
	Cheese	Vegetables	○ Chicken
○ Pasta	Butter	Canned Fruits/Vegetables	O Port/Bacon/Ham
Rice		○ Frozen Fruits/	○ Fish/Shellfish
○ Flour	Infant Formula	Vegetables	○ Eggs
○ Grains	Yogurt	100% Fruit/Vegetable Juices	Sandwich Meats/Hot Dogs
Other	Other	Other-	Canned Meats/FishOther————
c. Estimate the percentage (% types of items you sell in #		sales (#13) that comes from the	9
15. a. Shade the following addition	, and the second	r store stocks and sells:	
○ Condiments/Spices	◯ Cold Sandwic		
◯ Coffee/ Tea/ Cocoa	Prepared Sala		
◯ Candy	•	oncarbonated Drinks	Dent
			Draft Draft

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 Estimate the percentage (%) of your and types of items you shaded in #15a. 	nual retail sales (#13) that comes from the	%
	nual retail sales (#13) that comes from the sale of Gas, Tobacco, Alcoholic Beverages, Lottery Tickets,	
Paper and Cleaning Products, etc.	NOTE: Bose settles, #15b, and #16 strould(total 00%	%
17. a. In addition to sales to the general public businesses, hospitals, restaurants, etc.	c, will this location do business as a WHOLESALER to othe? ONo (If yes, complete item #17b) (If no, skip to item #18)	
b. Estimate your annual sales to these businesses (all food and non-food):	\$, , , , , , , , , , , , , , , , , , ,	0 0 cents
for license violations (i.e., FSP, WIC, busine If "yes", provide an explanation on page 5 c		○ No
19. Has any individual involved in the ownershing if "yes", provide an explanation on page 5 c	ip or management of the firm ever been convicted of any crimof the attachment. Yes	e? O No
	AGREEMENT	
UNDERSTAND AND AGREE:		
I have authority to contract for the firm.		
I have provided truthful and complete informat	ion on this form.	
I hereby agree to release to the Department of	Agriculture (USDA), by my signature below, my tax records a	nd also to
allow USDA to verify the accuracy of informati	on submitted with this application.	
	shared by/with other agencies as described on the attachmen	t.
If I provide false information, my application m	-	
I accept responsibility to report changes in the	firm's ownership, address, type of business, and operation to	o the FNS FiOffice.
I will follow, and ensure employees will follow,	the Food Stamp Program regulations. I am aware that violat	ions of
program rules can result in fines, legal sanctio	ns, withdrawal, or disqualification from the Food Stamp Prog	ram.
	r violations of the Food Stamp Program regulations, including id, new and part-time. These include violations, such as bu	
 Trading cash for food stamp benefits 		
 Knowingly accepting food stamp bene 	fits from people not authorized to use them	
 Accepting food stamp benefits as payr 	ments on credit accounts or loans	
 Accepting food stamp benefits as payr 	ments for ineligible items	
	firm violates any laws or regulations issued by Federal, State e WIC Program may result in Food Stamp Program disqualific	
Any individual or firm accepting or redeeming f substantial fines and administrative sanctions.	food stamp benefits, if not authorized to do so, is subject to	
I have read and understand the Privacy Act Sta	tement, Warnings, and Certification as provided.	
Y		
Signature	Date Signed	
Print Name	Print Title	
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ATTACHMENT

8. (Continued): OTHER OWNERS, SHAREHOLDERS, OR OFFICERS' INFORMATION:

First Name		Middle Name	
Last Name		Date of Birth: MM/DD/YYYY	
First Name	# 17 + 4 + 4 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5	Middle Name	
First Name		Middle Name	
First Name		Middle Name Date of Birth: MM/DD/YYYY	

18. (Continued): If you answered "yes", provide an explanation:

19. (Continued): If you answered "yes", provide an explanation:

Privacy Act Statement-By law we are allowed to ask you for the information on the application, including social security numbers (SSNs) and employer identification numbers (EINs). You do not have to give us these numbers, but we will turn down your application if you do not give us the numbers. We can use and share the information you give us with other Federal, State or local offices as explained in the next section of this document called "Use and Disclosure." (See Title 7 U.S.C. 2018(c), Title 26 U.S.C. 6109 (f), Title 42 U.S.C. 405(c) and Title 31 U.S.C. 77019(c)). We can only share SSNs and EINs with other Federal agencies which are allowed, by law, to have these numbers in their own records (See Title 26 U.S.C. 7213 and Title 7 U.S.C. 2018(c)).

Use and Disclosure-We may use computers to check the information you give us against the information kept by other Federal agencies to ensure that the information you gave us is true, including SSNs and EINs. We will use the information you give us for managing and enforcing the food stamp laws and rules. We will also use the information to check on people and stores who we think may be violating food stamp laws and rules. We can share SSNs and EINs with the Department of Justice for lawsuits and with the Treasury Department or other Federal agencies for reporting and collecting monies owed to us, including taking what you owe us out of a future Federal tax refund, Federal salary, or Federal benefit you may receive (7 U.S.C. 2022 and 31 U.S.C. 3711). The information you give us (except SSNs and EINs) can also be shared with: (1) private collection agencies for collecting monies owed to us; (2) with local police and Federal and State agencies responsible for enforcing the Food Stamp Act or any other Federal or State laws and rules; and (3) State agencies responsible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Penalty Warning Statement-We can turn down or take away our approval for you to take food stamp benefits as payment for food sold in your store if you: (1) lie or give us untrue information; or (2) try to hide information we ask you to give us. If you lie, give us untrue information, or hide information from us, you and the people who own the store, can be made to pay \$10,000 or be put in jail for as long as five years or both (7 U.S.C. 2024 and 18 U.S.C. 1001).

Certification and Signature-By signing your name on this application, you are telling us that: (1) you are the store owner or that the store owner(s) have asked you to apply for them; (2) the information you and/or the owner(s) gave us on this form, or papers we asked for, are true; (3) you read and understand all the information on this sheet; (4) you understand that you and the person(s) for whom you are applying are responsible for stopping workers, paid and unpaid, from breaking food stamp rules such as, but not limited to: (a) trading cash for food stamp benefits; (b) taking food stamp benefits from people not allowed to use them; (c) taking food stamp benefits to pay on a credit account or loan; (d) taking food stamp benefits to pay for items not allowed to be paid for with food stamps benefits. We can take away a store's right to take food stamp benefits as payment for food sold in your store if any owner(s), manager(s) or anyone working in the store violates any of the food stamp law or rules.